

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4240

State File No.

No. 300
10-48

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 0199

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>	
c. LENGTH OF STAY (In this place) <u>8 Wks</u>		d. STREET ADDRESS (If rural, give location) <u>2301 Annalee 4511</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2301 Annalee</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Erna</u>	b. (Middle)	c. (Last) <u>Weston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17, 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov 7, 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. MONTHS	11. YEARS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Holt</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Name</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Weston</u>	ADDRESS <u>2301 Annalee</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myrotoxic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u> <u>38 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>General Senility</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2520</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 25, 1952, to Jan 17, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 7:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name of title) <u>J. Eck (M.D.)</u>	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED <u>Jan 19 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Matthew Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-20-53</u>	REGISTRAR'S SIGNATURE <u>Hackett R. Daniels - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Neville B. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Shavies*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.